

## South Dakota Board of Examiners for Counselors & Marriage and Family Therapists

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340 Ph: 605-224-1721 Fax: 1-888-425-3032

 $\textbf{E-mail:} \ \ \underline{\textbf{SDBCE@midwestsolutionssd.com}} \quad \ \ \underline{\textbf{dss.sd.gov/licensingboards/examiners.aspx}} \\$ 

## APPLICATION FOR POFESSIONAL COUNSELOR LICENSE BY ENDORSEMENT

## Please provide:

- 1) Completed Application;
- 2) Non-refundable \$100 application fee;
- 3) Copy of driver's license or government issued ID;
- 4) Quality color photograph of applicant;
- 5) Verification of any name change (i.e. marriage/divorce);
- 6) Verification of a license in another state(s) for at least 3 years;
- 7) Proof of a passing score on the National Counselor Examination;
- 8) Proof of active practice in the previous 3 years; and
- 9) Refundable \$100 licensing fee.

APPLICANT INFORMATION

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

The \$100 application fee is non-refundable. Payment of the \$100 licensing fee at the time of applications helps expedite the processing of the license, if approved. If the application is denied, the \$100 licensing fee is refundable.

Name:		
City:	State: Zip:	
E-mail:	Phone:	
Date of Birth:	Social Security Number:	
	actice in another state? YES NO	
If yes, is the level of license the hig state? YES NO	thest level of licensure for a professional counselor in that	
How many years have you held the	license(s)?	

Please attach a copy of the current license(s) with this application and request the issuing state send a Letter of Verification to the South Dakota Board of Examiners of Counselors and Marriage & Family

Therapists at PO Box 340, Pierre, SD 57501

## **NATIONAL EXAMINATION**

Provide information concerning your passage of the National Counselor I	Examination:
Date of Examination: Score	:
Please request your official exam scores be sent to the South Dakot Counselors and Marriage & Family Therapists at PO Box 340, Pierre, Board through the NBCC online results port	SD 57501 or released to the
PROOF OF ACTIVE PRACTICE	
In the past 36 months, have you actively practiced* counseling in the state hold an active license? YES NO	tte(s) where you currently
*For purposes of answering this question, "actively practiced" means a experience in the three years immediately preceding this application. practice may be requested by the Board. Such documentation may incompare or other proof of an active practice by the application.	Documentation of an active lude an affidavit, calendars,
MILITARY STATUS	
Are you a member or the spouse of a member of the armed forces of the U	United States?Yes No
If Yes, were you or your spouse the subject of a military transfer to S	outh Dakota? Yes No
If Yes, did you leave employment to accompany your spouse to Sout	h Dakota? Yes No
LEGAL QUESTIONS (If you answer yes to any question, please provided in the pro	de a written explanation.)
Have you ever been convicted, pled no contest/nolo contender, pled guil deferred judgment or suspended imposition of sentence or had prosecution a felony?YESNO	•
Have you ever been convicted, pled no contest/nolo contender, pled guil deferred judgement or suspended imposition of sentence, or had prosecu respect to a misdemeanor other than a class 2 traffic offense? YES	tion deferred with
Have you been disciplined with a reprimand, censure, suspension, tempore revocation, or refusal to renew a professional license in any state?	orary suspension, probation, _YESNO
Are you \$1,000 or more behind in child support payments?Y	ESNO
Have you previously made application for licensure to this Board?	YESNO
STATISTICAL INFORMATION	
These questions are asked for statistical purposes. Your answers are opti	ional.
What is your gender? Female Male	
What is your race? Please check all that apply.	

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☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino ☐ White or Caucasian ☐ Other ☐ Decline to Provide			
APPLICATION FEE Please include a personal chec money order made payable to the State of South Dakot			
□ \$100 non-refundable application fee			
□ \$100 licensing fee			
To be signed in the presence of a Notary Public			
BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL COUNSELING AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.			
Applicant Signature	Date		
State of	ne person whose name s subscribed to the written		
(SEAL)	Notary Signature:		
	Notary Name:		
	My Commission Expires:		

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